L13000153891

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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TALLANASSEL FLORE

G. HARVEY
EXAMNER

COVER LETTER

	on of Corp		,			
SUBJECT: Z	ZEYDEL LL	.C				
SUBJECT		Name of Limi	ted Liability Company			
The enclosed A	Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please return a	Il correspon	dence concerning this matter	to the following:			
		GRATSIANI, GIDEON M	1G			
			Name of Person			
		ZEYDEL LLC				
			Firm/Company			
		P O BOX 820				
			Address	•	[***_*)	
		HALLANDALE, FL 3300	80			81.2. p.~
		DA@FST26.COM	City/State and Zip Code		SECULATIVE SECULATIVE	
		E-mail address: (1	to be used for future annual report notifi	cation)	E B	r"r"
For further inf	ormation co	ncerning this matter, please ca	all:		FST F:	سدون - ربو و
DANIEL ARI	KUSH		954 393-1151 at ()			
	Name of	Person		Telephone Number		
Enclosed is a	check for the	e following amount:				
□ \$25.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZEYDEL LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I Florida document number L13000153891	and assigned		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name o	of the limited liab	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		975 NORTH MIAMI BEACH BL	VD #234
(Principal office address MUST BE A STREET ADDRESS)		NORTH MIAMI BEACH, FL 33	162
Enter new mailing address, if applicable:		P O BOX 820	A.C. 20
(Mailing address MAY BE A POST OFFICE BOX)		HALLANDALE, FL 33008	
B. If amending the registered agent and egistered agent and/or the new registered of			
Name of New Registered Agent:			Ter ()
New Registered Office Address:	975 NORTH N	MIAMI BEACH BLVD #234 Enter Florida street address	
	NORTH MIAN		- 33162
	NORTHMIA	City , Florid	la 33162 Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

MGR = Manager AMBR = Authorized Member <u>Address</u> Type of Action Title Title <u>Name</u> _ 🗆 Add _□ Remove ☐ Change □ Add ☐ Remove ☐ Change _ 🗆 Add Remove The Change Remove ☐ Change _ Add ☐ Remove _□ Change _□ Add ☐ Remove

_□ Change

		
 		
		
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		,10"
Effective date, if other than the (If an effective date is listed, the date mu	st be specific and cannot be prior to date of filing of	or more than 90 days after filing.) Pursuant to 605.020
Note: If the date inserted in this bedocument's effective date on the I		iling requirements, this date will not be listed a
he record specifies a delaye The 90th day after the re	d effective date, but not an effective cord is filed.	e time, at 12:01 a.m. on the earlier o
Dated	2015	

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Typed or printed name of signee

Filing Fee: \$25.00